

## GIC Coordinator, Agency Head, or Agency Address Change

Please be sure to notify the GIC of GIC Coordinator, Agency Head, e-mail, and/or agency address changes. This will ensure that the agency continues to receive GIC materials and updates. Call the GIC Operations Department extension 3061 with these changes.

The GIC sends all GIC Coordinators the following reports on a monthly basis. Be sure to follow the enclosed procedures:

You may receive up to 3 monthly insurance billing reports:

- ◆ Health and Life coverage
- ◆ Dental/Vision
- ◆ LTD

There are also 3 separate statements of verification forms that correspond to these 3 reports.

## The Monthly Insurance Billing Report

The Monthly Insurance Billing Report is an alphabetical list of employees by agency, who are insured with the Group Insurance Commission for the Basic Life, Health, and Optional Life Insurance coverage.

1) Each month, review and verify the following information shown on the report:

- ◆ GIC ID Numbers and names for all insureds should agree with your agency's records.
- ◆ Coverage for each insured should agree with your agency's records.
- ◆ The premium due for each insured should agree with your agency's records.

2a) If the Monthly Insurance Billing Report contains incorrect GIC-ID numbers, names, coverage, or premium due GIC; please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:

- ◆ The agency/division number (as it appears on the report).
- ◆ The premium due month.
- ◆ Check off box "Discrepancies are as listed".
- ◆ Employee's GIC ID number (as it appears on the report).
- ◆ Employee's name (last, first, middle initial).
- ◆ Premium Amount (see premium reconciliation procedure).
- ◆ Explanation of discrepancy:
  - Briefly describes the discrepancy.
  - Include the date and reason for all terminations of insurance coverage.
  - Include the retirement date for an employee who has retired.
  - For an employee who is on a leave of absence without pay, include the duration of leave (with start and end dates) and reason for leave.
- ◆ Signature of Authorized Official and Date.

3a) Photocopy the Statement of Verification for your agency file.

4a) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

2b) If the Monthly Insurance Billing Report contains no discrepancies, please send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:

- ◆ The agency/division number.
- ◆ The premium due month.
- ◆ Check off box "Agency has no discrepancies".

- ◆ Complete the bottom portion on the Discrepancy Report.
- ◆ Signature of Authorized Official and Date

3b) Photocopy the Statement of Verification for your agency file.

4b) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

## Monthly Insurance Billing Report

### PREMIUM RECONCILIATION PROCEDURE

1. Record the "Total Amount Due For Agency" from the Monthly Insurance Billing Report in the "Grand Total from Billing Report" on the Statement of Verification.
2. Obtain the "New Total", on the Statement of Verification, from the total deductions from your payroll.
3. On the Statement of Verification, subtract the "Grand Total from Billing Report" from the "New Total" and record the resulting (+) or (-) in the "Combined Total of Basic and Optional Discrepancies".
4. Compare the premium due for Life and Health coverage for each employee with your payroll for

Compare Deduction With GIC Premium Due	Amount To Be Recorded on Discrepancy Report
GIC premium due is equal to payroll premium deducted	No action is required
GIC premium due is greater than payroll premium deducted	Record the difference as a minus (-)
GIC premium due is less than payroll premium deducted	Record the difference as a plus (+)
Employee appear on GIC report but no deduction	Record the premium due as a minus (-)
Employee had deduction but not on GIC report	Record the deduction as a plus (+)

the appropriate month. (For example, compare the January report to the December payroll).

Record the differences as follows:

5. Compute the Basic Life and Health, and Optional Life for all discrepancy amounts (+) or (-) and record it in the column boxes "TOTAL" on the Statement of Verification. The resulting combined Total **must** equal the "Combined Total of Basic and Optional Discrepancies".

## The Monthly Insurance Billing Report For Dental/Vision Coverage

The Monthly Insurance Billing Report For Dental/Vision Coverage is an alphabetical list of employees by agency, who are insured with the Group Insurance Commission (GIC) for the Dental/Vision coverage.

- 1) Each month, review and verify the following information shown on the report:

- ◆ GIC ID Numbers for all insureds should agree with your agency's records.
- ◆ Coverage for each insured should agree with your agency's records.
- ◆ The premium due for each insured should agree with your agency's records.

2a) If the Monthly Insurance Billing Report For Dental/Vision Coverage contains incorrect GIC-ID numbers, names, coverage, or premium due GIC; please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:

- The agency/division number (as it appears on the report).
- ◆ The premium due month.
- ◆ Check off box "Discrepancies are as listed".
- ◆ Employee's GIC ID number (as it appears on the report).
- ◆ Employee's name (last, first, middle initial).
- ◆ Premium Amount (see premium reconciliation for Dental/Vision coverage).
- ◆ Explanation of discrepancy:
  - Briefly describe the discrepancy.
  - Include the date and reason for all terminations of insurance coverage.
  - Include the retirement date for an employee who has retired.
  - For an employee who is on a leave of absence without pay, include the duration of leave (with start and end dates) and reason for leave.
- ◆ Signature of Authorized Official and Date.

3a) Photocopy the Statement of Verification for your agency file.

4a) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

2b) If the Monthly Insurance Billing Report For Dental/Vision Coverage contains no discrepancy, please send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:

- ◆ The agency/division number.
- ◆ The premium due month.
- ◆ Check off box "Agency has no discrepancies".
- ◆ Complete the bottom portion on the Discrepancy Report.
- ◆ Signature of Authorized Official and Date

3b) Photocopy the Statement of Verification for your agency file.

4b) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

## Monthly Insurance Billing Report For Dental/Vision Coverage

### PREMIUM RECONCILIATION PROCEDURE

1. Record the "Total Amount Due For Agency" from the Monthly Insurance Billing Report for Dental/Vision Coverage in the "Grand Total from Dental/Vision Report" on the Statement of Verification.
2. Obtain the "New Total", on the Statement of Verification, from the total deductions from your payroll.
3. On the Statement of Verification, subtract the "Grand Total from Dental/Vision Report" from the "New Total" and record the resulting (+) or (-) in the "Total Discrepancy Amounts".

4. Compare the premium due for Dental/Vision coverage for each employee with your payroll for the appropriate month. (For example, compare the January report to the December payroll). Record the differences as follows:

Compare Deduction With GIC Premium Due	Amount To Be Recorded on Discrepancy Report
GIC premium due is equal to payroll premium deducted	No action is required
GIC premium due is greater than payroll premium deducted	Record the difference as a minus (-)
GIC premium due is less than payroll premium deducted	Record the difference as a plus (+)
Employee appear on GIC report but no deduction	Record the premium due as a minus (-)
Employee had deduction but not on GIC report	Record the deduction as a plus (+)

5. Compute the premium amount for all discrepancy amounts (+) or (-) and record it in the column box "TOTAL" on the Statement of Verification. The resulting Total **must** equal the "Total Discrepancy Amounts".

## The Monthly Insurance Billing Report For Long Term Disability (LTD) Coverage

The Monthly Insurance Billing Report For Long Term Disability Coverage is an alphabetical list of employees by agency, who are insured with the Group Insurance Commission (GIC) for the LTD coverage.

- 1) Each month, review and verify the following information shown on the report:

- ◆ GIC ID Numbers and names for all insureds should agree with your agency's records.
- ◆ Coverage for each insured should agree with your agency's records.
- ◆ The premium due for each insured should agree with your agency's records.

2a) If the Monthly Insurance Billing Report For LTD Coverage contains incorrect GIC-ID numbers, names, coverage, or premium due GIC; please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:

- ◆ The agency/division number (as it appears on the report).
- ◆ The premium due month.
- ◆ Check off box "Discrepancies are as listed".
- ◆ Employee's GIC ID number (as it appears on the report).
- ◆ Employee's name (last, first, middle initial).
- ◆ Premium Amount (see premium reconciliation for LTD coverage).
- ◆ Explanation of discrepancy:
  - Briefly describes the discrepancy.
  - Include the date and reason for all terminations of insurance coverage.
  - Include the retirement date for an employee who has retired.

- For an employee who is on a leave of absence without pay, include the duration of leave (with start and end dates) and reason for leave.
- ◆ Signature of Authorized Official and Date.
- 3a) Photocopy the Statement of Verification for your agency file.
- 4a) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.
- 2b) If the Monthly Insurance Billing Report For LTD Coverage contains no discrepancy, please send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:
  - ◆ The agency/division number.
  - ◆ The premium due month.
  - ◆ Check off box "Agency has no discrepancies".
  - ◆ Complete the bottom portion on the Discrepancy Report.
  - ◆ Signature of Authorized Official and Date
- 3b) Photocopy the Statement of Verification for your agency file.
- 4b) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

## Monthly Insurance Billing Report For LTD Coverage

### PREMIUM RECONCILIATION PROCEDURE

1. Record the "Total Amount Due For Agency" from the Monthly Insurance Billing Report for LTD Coverage in the "Grand Total from LTD Report" on the Statement of Verification.
2. Obtain the "New Total", on the Statement of Verification, from the total deductions from your payroll.
3. On the Statement of Verification, subtract the "Grand Total from LTD Report " from the "New Total" and record the resulting (+) or (-) on the "Total Discrepancy Amounts."
4. Compare the premium due for LTD coverage for each employee with your payroll for the appropriate month. (For example, compare the January report to the December payroll). Record the differences as follows:

Compare Deduction With GIC Premium Due	Amount To Be Recorded on Discrepancy Report
GIC premium due is equal to payroll premium deducted	No action is required
GIC premium due is greater than payroll premium deducted	Record the difference as a minus (-)
GIC premium due is less than payroll premium deducted	Record the difference as a plus (+)
Employee appear on GIC report but no deduction	Record the premium due as a minus (-)
Employee had deduction but not on GIC report	Record the deduction as a plus (+)

5. Compute the premium amount for all discrepancy amounts (+) or (-) and record it in the column box "TOTAL" on the Statement of Verification. The resulting Total **must** equal the "Total Discrepancy Amounts".

## BASIC LIFE AND HEALTH AND OPTIONAL LIFE COVERAGE STATEMENT OF VERIFICATION FOR OFF-LINE AGENCIES

(Discrepancy Report)

(NOTE: This report is to be sent to GIC every month. The actual billing document is your copy and does not have to be returned).

Please check one:

☐

Agency has no discrepancies

AGENCY/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

☐

Discrepancies are as listed

PREMIUM DUE MONTH: \_\_\_\_\_

(Example: Premium deducted in July is for the August premium due month).

GIC - ID Number	Name	Basic Life and Health Amount	Optional Life Amount	Explanation	GIC Use Only
TOTAL:		TOTAL:	TOTAL:		

Grand Total from Billing Report -----\$ \_\_\_\_\_

Combined Total of Basic and Optional

Discrepancies (plus or minus) -----\$ \_\_\_\_\_

New Total (This amount **MUST** equal your

payroll warrant or check). -----\$ \_\_\_\_\_

Note: This discrepancy report should be used to report all differences to the GIC (except Dental/Vision and LTD are reported separately).

Please make as many copies as you need.

I hereby confirm that the information stated above is correct.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

# LTD COVERAGE

## STATEMENT OF VERIFICATION

### FOR OFF-LINE AGENCIES

(Discrepancy Report)

(NOTE: This report is to be sent to GIC every month. The actual billing document is your copy and does not have to be returned).

Please check one:

☐

Agency has no discrepancies

AGENCY/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

☐

Discrepancies are as listed

PREMIUM DUE MONTH: \_\_\_\_\_

(Example: Premium deducted in December is for the January premium due month).

GIC - ID Number	Name	Premium Amount	Explanation	GIC Use Only
		TOTAL:		

Grand Total from LTD Report -----\$ \_\_\_\_\_

Total Discrepancies Amounts (plus or minus) -----\$ \_\_\_\_\_

New Total (This amount **MUST** equal your payroll warrant or check for LTD). -----\$ \_\_\_\_\_

Note: This discrepancy report should be used to report all LTD differences to the GIC. Please make as many copies as you need.

I hereby confirm that the information stated above is correct.

Signature of Authorized Official

Date

STATEMENT OF VERIFICATION

FOR OFF-LINE AGENCIES

(Discrepancy Report)

(NOTE: This report is to be sent to GIC every month. The actual billing document is your copy and does not have to be returned).

Please check one:

☐

Agency has no discrepancies

AGENCY/DIVISION: \_\_\_\_\_ / \_\_\_\_\_

☐

Discrepancies are as listed

PREMIUM DUE MONTH: \_\_\_\_\_

(Example: Premium deducted in December is for the January premium due month).

GIC - ID Number	Name	Premium Amount	Explanation	GIC Use Only
TOTAL:				

Grand Total from Dental/Vision Report -----\$ \_\_\_\_\_

Total Discrepancies Amounts (plus or minus) -----\$ \_\_\_\_\_

New Total (This amount **MUST** equal your payroll warrant or check for Dental/Vision). -----\$ \_\_\_\_\_

Note: This discrepancy report should be used to report all Dental/Vision differences to the GIC. Please make as many copies as you need.

I hereby confirm that the information stated above is correct.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date